



Town of Easton

14 South Harrison Street
Easton, Maryland 21601
Inspections 410-822-2526 / Fax 410-822-8738

Demolition Permit Application

Please Print

Permit No. _____
Fee _____
App. Date _____

(Building Official)

Approval Date _____

(Planning and Zoning official)

P&Z appr. Date _____
(For Official Use Only)

Location of Building	Number and Street	Zone	<u>Historic District</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Subdivision	Lot	

	Name	Address (number, street, city, state)	Zip Code	Tel. No.
Property Owner				
				Fax No.
General Contractor				
		Lic. No & Exp. Date		Fax No.
Plumbing Contractor		Town Reg. No.		

DESCRIPTION OF PROPOSED WORK: _____

_____ Date of Requested Utilities Disconnect _____

Applicants Signature _____ Print Name _____

Mailing Address

Street _____ City _____ State _____ Zip _____

Phone Number

Home _____ Work _____ Mobile _____

- 1) Electric, CATV, Natural Gas & Water disconnects made by Easton Utilities. Sanitary and or Sewer disconnects are made by applicants contractor. Please call Dallas Jones at (410) 822-6110 for sanitary sewer disconnection inspection prior to backfill. All sanitary sewer work to be performed by a Maryland Licensed Plumber carrying liability insurance pursuant to Maryland Law. Any damages to sidewalk, curb, gutter or other infrastructure improvements must be replaced at owners expense.
- 2) Owner/Applicant must post a \$1,000.00 bond, irrevocable letter of credit or certified check made payable to the Town of Easton to cover any infrastructure damages caused during demo activities.

This section for Town use

DISCONNECTIONS SHALL BE MADE AS SOON AS POSSIBLE AND VERIFICATION SENT
TO THE TOWN OF EASTON BUILDING INSPECTOR.

ELECTRIC: _____	Signature _____	Date of Disconnection _____
CATV: _____	Signature _____	Date of Disconnection _____
Gas: _____	Signature _____	Date of Disconnection _____
Water: _____	Signature _____	Date of Disconnection _____
Wastewater: _____	Signature _____	Date of Disconnection _____
Infrastructure Repair: _____	Signature _____	Date of Disconnection _____